

Emergency Animal Care & Help

CLIENT FINANCIAL INQUIRY

STATEMENT OF FINANCIAL STATUS

We understand how hard this time can be for those facing either financial disaster or the potential loss of a close friend. We are here to help those who have no other means of keeping their family together. This form is to be filled out by the potential client to determine if they meet the financial requirements to qualify for services from Emergency Animal Care & Help. We do this in hopes not to be invasive or make anyone feel uncomfortable, as your sense of dignity is important to us. We merely rely on compassion with discernment and need to make sure the limited funds we have go to those who need it the most.

Pursuant to Article 4, Section 1 of the Emergency Animal Care & Help Policy and Procedures, EACH is required to verify financial requirements for service. Clients must have economic restraints preventing them from pursuing veterinary treatment for their animal, and therefore are facing either euthanasia, surrendering of their animal, or neglect. The following form helps us determine if a client qualifies for services solely based on financial reasons. This does not guarantee treatment, payment of treatment in full or partial, or agreement of services in any way.

Statement of financial status for: _____ as of: _____
Name Date

1.	DO YOU HAVE PET INSURANCE? IF SO, WITH WHO? POLICY NAME/#:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2.	ARE YOU MARRIED? IF SO , WHAT IS YOUR COMBINED MONTHLY INCOME? IF NOT , WHAT IS YOUR SINGULAR MONTHLY INCOME?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3.	DO YOU QUALIFY FOR OR ARE YOU CURRENTLY ON ANY FORM OF FINANCIAL ASSISTANCE? IF SO, WHAT KIND?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4.	ARE YOU CURRENTLY HOUSED? IF SO, DO YOU OWN OR RENT? WHAT IS YOUR MONTHLY PAYMENT?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5.	HAVE YOU EVER DECLARED BANKRUPTCY?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6.	DO YOU HAVE ACCESS TO CROWDFUNDING RESOURCES? IF SO, HAVE YOU DONE SO FOR THIS EMERGENCY? YES <input type="checkbox"/> NO <input type="checkbox"/> IF SO, HOW MUCH WAS RAISED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7.	A) APPROXIMATE AMOUNT OF CASH ON HAND AND IN ACCOUNTS: (CURRENT AVAILABLE FUNDS FOR EMERGENCIES) B) APPROXIMATE AMOUNT IN MONTHLY ASSETS: (INCOME, INVESTMENTS, ETC.) C) APPROXIMATE AMOUNT IN MONTHLY LIABILITIES: (RENT/MORTGAGE, CAR PAYMENT, INSURANCE, ETC.)		

(PLEASE TURN OVER TO FINISH)



[illegible]

Signature _____ Date _____

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